

**LOCAL GOVERNMENT PROPERTY INSURANCE FUND**  
**2801 Crossroads Drive, Suite 2200**  
**Madison, WI 53718**  
**PHONE: 877-229-0009**  
**FAX: 877-832-0122**

**WITHDRAWAL FROM THE LOCAL GOVERNMENT PROPERTY INSURANCE FUND**

INSTRUCTIONS: Pursuant to the requirements of s.605.21(3) Wisconsin Statutes, provide certified notice to the Local Government Property Insurance Fund that by a majority vote, your Board or Council elected to withdraw from the Fund. **Withdrawal date cannot be prior to the date action was taken.** Send completed notice to above address.

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Policyholder Name	Cancel Effective Date	Policy #
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As Clerk, I certify that by a majority vote, the above-named local governmental unit's Board/Council voted to withdraw from the Local Government Property Insurance Fund. This action was taken at the \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ meeting.  
Month Day Year

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Name of Clerk (Type or Print)	Signature of Clerk	Date
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